

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2015
NAME OF PROVIDER OR SUPPLIER KING'S DAUGHTERS' HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1373 EAST SR 62 MADISON, IN 47250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for the investigation of a State complaint. Complaint #IN00159012 Substantiated: State deficiency related to the allegations is cited. Survey date: February 11, 2015 Facility # 005063 Surveyor: Trisha Goodwin, RN BSE Public Health Nurse Surveyor QA: cloughlin 03/12/15	S 000		
S 912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart.	S 912		4/27/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure nursing standards of practice were followed for 1 policy & procedure (P&P), Emergency Management of Patients and 1 standards of practice (SoP), Duties for Monthly checks.</p> <p>Findings:</p> <p>1. Review of the P&P titled TOPIC: EMERGENCY MANAGEMENT OF PATIENTS indicated in the subsection titled EQUIPMENT LOCATION defibrillators are checked per manufacturer for proper functioning daily. The P&P was last reviewed/revised 10/14.</p> <p>2. Review of the defibrillator manufacturer manual indicated a series of 7 checks which should be performed daily (Condition, Hands-free Therapy electrodes, Paddles, Inspect cables, Batteries, Disposable supplies and Operational checks) with detailed steps under each check.</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>3. On 2/11/15 at 11:30am during tour of the emergency department (ED), in the presence of A1, Vice President of Patient Services, and S1, ED Director, review of Emergency Checklist logs for ED Cart #1, ED Cart #2 and ED Cart #3 indicated "Defib Check" as part of the checklist, but lacked documentation of what check(s) were included. The log for ED Cart #1 lacked documentation of any checks completed on February 5, 2015.</p> <p>4. On 2/11/15 at 11:30am, S1, ED Director, indicated the defibrillators are to be checked 1 time per day and are to be documented. S1 confirmed lack of documentation for Cart #1 defibrillator on 2/5/15.</p> <p>5. Review of the document titled Duties for Monthly Checks indicated the following: 3-3 nurses: Wheelchairs monthly - Fluid Warmer Daily. Glucometer: Dayshift - main nurses station between 6a and 8a, 3-3 trauma nurses station between 2a and 3a, Nightshift - triage area between 4a and 6a. Document these duties on the day your shift began.</p> <p>6. Review of documents titled Fluid Warmer/Glucometer dated Feb/2015 lacked documentation of any checks being completed 2/1/15, 2/2/15, 2/3/15, 2/4/15 or 2/6/15.</p>	S 912		